

# SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES

2001 PRIMARY AND GENERAL CITY ELECTIONS

State of Nevada/City of Las Vegas

Harrison H. SAITFORD, Council	Word #2
Candidate's Name(print)	District (if applicable)
9501 W. Sahara #1254, L.V., NV, 89117	804.1254
Mailing Address (include city and zip code)	Telephone Number

## REPORT NUMBER 2 - DUE MAY 29, 2001

Report Period Begins: March 23, 2001

Report Period Ends: May 24, 2001

### CONTRIBUTIONS SUMMARY

1. From Report Number 1, total amount of contributions
2. From Report Number 2, total amount of contributions
3. Interest and income earned, if any, during this report period
4. **TOTAL AMOUNT OF ALL CONTRIBUTIONS**  
(add lines 1 through 3)

100 -  
0  
0  
100 -

### EXPENSES SUMMARY

5. From Report Number 1, total amount of expenses in excess of \$50
6. From Report Number 1, total amount of expenses of \$50 or less
7. Report Number 2, total amount of expenses in excess of \$50
8. Report Number 2, total amount of expenses of \$50 or less
9. Total amount of expenses for Report Number 2 (add lines 7 & 8)
10. **TOTAL AMOUNT OF ALL EXPENSES FOR REPORTS 1 AND 2**  
(add lines 5, 6 and 9)

100  
0  
0  
0  
0  
100

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 23, 2001

Date

Harrison H. Saitford

Signature of Candidate

CAMPAIGN CONTRIBUTIONS

REPORT PERIOD Number 2

Harrison H. SAFFORD Council  
 Candidate's Name (print) Office

Ward #2  
 District (if applicable)

Contributions (ALL)

CONTRIBUTOR NAME AND ADDRESS	DATE RECEIVED	AMOUNT OF CONTRIBUTION(S)	DATE RECEIVED	AMOUNT OF CONTRIBUTION(S)
None				

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Harrison H. SAFFORD Council, Ward #2  
 Candidate's Name (print) Office District (if applicable)

## Expenses Categories

EXPENSE CATEGORY	CODE	AMOUNT
Office expenses	A	0
Expenses related to volunteers	B	0
Expenses related to travel	C	0
Expenses related to advertising	D	0
Expenses related to paid staff	E	0
Expenses related to consultants	F	0
Expenses related to polling	G	0
Expenses related to special events	H	0
Goods and services provided in kind for which money would otherwise have been paid	I	0
Other miscellaneous expenses	J	0

***Candidate's Name (print)***

**Office**

***District (if applicable)***

### Expenses in Excess of \$50

[illegible]

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**REPORT PERIOD Number 2**

Word #2

### Expenses of \$50 or Less

[illegible][illegible]

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